

patients with diabetes, HRQoL was lower across all health dimensions measured by the EQ-5D; except mobility and self-care. Individualised therapeutic management programs could be considered in order to improve the HRQoL of CAD patients with diabetes.

PCV137**TRANSLATION AND CULTURAL ADAPTATION OF PATIENT PERCEPTION OF ARRHYTHMIA QUESTIONNAIRE IN POLAND**

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OBJECTIVES: Patient Perception of Arrhythmia Questionnaire (PPAQ) is a disease-specific questionnaire designed to measure symptoms and health-related quality of life in patients suffering from a group of arrhythmias collectively called supraventricular tachycardias (SVT). There is no valid translation of PPAQ available in Poland, which hinders research in this area with Polish arrhythmia patients. The aim of this study was to conduct initial content validity testing through translation and cultural adaptation of the English language version of the PPAQ to the Polish language. **METHODS:** The whole project was conducted according to ISPOR Principles of Good Practice for the Translation and Cultural Adaptation Process for Patient-Reported Outcomes (PRO) Measures published in 2005. **RESULTS:** In 2011, the PPAQ was translated into Polish and cultural adaptation was performed on 20 patients with SVT (12 male, age 54.9±17.4). Issues concerning close meanings of symptom names and language-dependant gender-related distinctions were identified. The former was solved by cooperation with experts in arrhythmia and latter by incorporating patients' preferences during cognitive debriefing. **CONCLUSIONS:** The Polish translation was well accepted by patients during this translation and initial content validity testing. Issues arisen during the translation process may recur in other translations and be resolved in similar manner.

PCV138**HEALTH-RELATED QUALITY OF LIFE IN PATIENTS ALONG FIRST YEAR POSTSTROKE IN SPAIN**

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OBJECTIVES: Atrial fibrillation (AF) 5-folds stroke risk, which results in death or disability in 80% of individuals and one-year mortality approaches 50%. The objective of the present study was to analyze the health-related quality of life (HRQoL) one year post-stroke in patients with or without AF and the burden of caregivers. **METHODS:** We performed an observational, multicenter, naturalistic and prospective study that included 16 stroke units from different Spanish regions. We used EQ-5D and VAS to test patients HRQoL and Zarit Burden Inventory to estimate the caregiver burden. We collected information at hospital entry for patients, 3 and 12 months post-stroke both for patients and carers through direct physician interviews. **RESULTS:** A total of 321 stroke patients were recruited, 160 with and 161 without AF. EQ-5D was completed by 274 patients - 127 with AF and 147 without AF -, and VAS by 249 - 113 with and 136 without AF -. The average utility scores of EQ-5D were 0.57, 0.62, and 0.65. We found a statistically significant difference between AF and non-AF obtained at hospital entry ($p=0.029$) and 12 months post-stroke ($p=0.023$). There were no differences between hospital visits ($p=0.112$). If we took into consideration the age of patients, the absence or presence of AF in EQ-5D scores, lost its significance ($p=0.099$). VAS average scores were 45.81, 44.15 and 45.74. VAS results showed non-significant differences neither by AF presence ($p=0.396$) nor time ($p=0.613$). Caregiver burden was higher in AF than non-AF patients (46.47 vs 40.93 2nd visit and 45.29 vs 38.73 3rd visit) and the difference was statistically significant ($p=0.007$ and $p=0.002$). **CONCLUSIONS:** Stroke has a deep impact on patients HRQoL with no improvement over time. In the same line, caregivers also support an important burden related to stroke and specially in AF patients.

PCV140**TREATMENT SATISFACTION IN PATIENTS WITH ATRIAL FIBRILLATION ON NEW ORAL ANTICOAGULANTS AS MEASURED WITH PACT-Q2: PREFER IN AF REGISTRY**

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OBJECTIVES: The great majority of patients with atrial fibrillation (AF) require anticoagulation in order to prevent strokes or other thromboembolic events. We aimed at obtaining detailed and current information on patients' satisfaction with their ongoing anticoagulation treatment. **METHODS:** PREFER in AF (The PREvention of thromboembolic events – European Registry in Atrial Fibrillation) is a current non-interventional study performed in France, Germany, Austria, Switzerland, Italy, Spain and UK. A total of 7243 consecutive patients with ECG-confirmed AF in the previous 12 months are followed up prospectively. The 'Perception of Anticoagulant Treatment Questionnaire' is a valid and reliable instrument that allows the assessment of patients' expectations (PACT-Q1) and satisfaction regarding anticoagulant treatment, as well as patients' opinion about treatment convenience of use (PACT-Q2). **RESULTS:** A total of 5049 patients (69.7%) received antithrombotic treatment and were willing to fill out the PACT-Q2 questionnaire at baseline. 77.1% of these were on vitamin K antagonists (VKAs), 6.4% on new oral anticoagulants

(NOACs), 5.2% on antiplatelets (AP) and 11.0% on VKA+AP combinations. In the "convenience" dimension, the overall score (0-100 range) was 82.9±17.3. The score was higher in the NOAC group (88.1±13.0) compared to the VKA (82.1±17.5), AP (87.0±17.9) or VKA + AP groups (83.2±16.8), respectively. In the "anticoagulant treatment satisfaction" dimension of the PACT-Q2, the overall score was 63.4±15.9. Again, this score was higher in the NOAC group (66.6±16.6) compared to the VKA (63.2±15.9), AP (63.7±16.8), or VKA + AP groups (62.8±15.0), respectively. **CONCLUSIONS:** Overall, patients on current anticoagulation achieve relatively high values on the convenience scale, but moderate values on the satisfaction scale. While differences in group size and patient characteristics need to be taken into account, patients on NOACs compared to patients on VKAs tend to rate their convenience and treatment satisfaction higher.

PCV141**CHRONIC PATIENTS' WILLINGNESS TO PAY FOR AN ALTERNATIVE DRUG WITH INNOVATIVE CHARACTERISTICS**

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OBJECTIVES: Aim of the study was to investigate whether chronic patients are willing to pay an extra amount of money in order to switch to another drug that it is either on patent, more effective or simpler in dose. **METHODS:** A cross-sectional study was conducted among 1600 chronic patients suffering from diabetes, hypertension, COPD and Alzheimer. Logistic regression analysis was carried out to explore the factors that influence patients' decision on willingness to pay (WTP) for an alternative drug with innovative characteristics. **RESULTS:** Of the 1600 patients approached, 1594 responded to the survey (99.6%). A total of 40% stated that they would be willing to pay more for a patent drug, 57.5% for a more effective drug and 37.5% for a simpler in dose drug. The average additional amount per month that they would be willing to spend was estimated at 23.6€ for a patent drug, 24.1€ for a more effective drug and 21.9€ for a simpler in dose drug. Statistical analysis revealed that WTP for a patent drug was statistically significant related with the patient's income (OR, 1.24; 95%CI, 1.14-1.34) while WTP for a more effective or a simpler in dose drug was positively related with the patient's income (OR, 1.25; 95%CI, 1.13-1.39 and OR, 1.14; 95%CI, 1.05-1.24 respectively) and educational level (OR, 1.06; 95%CI, 1.01-1.13 and OR, 1.06; 95%CI, 1.01-1.13, respectively). **CONCLUSIONS:** Half of chronic patients demonstrate absolute willingness to increase spending for an innovative drug, which highlights the significance they attribute to pharmaceuticals for the management of their condition. The remaining's 50% reluctance may be attributed to the extended trust on their current pharmaceutical treatment and to the efforts and money spent in order to control their condition. However, patients with higher socioeconomic status are more likely to express WTP which reflects the economic burden imposed by chronic conditions, and the role of education in shaping patient attitudes.

CARDIOVASCULAR DISORDERS – Health Care Use & Policy Studies**PCV143****EVALUATION OF THE LENGTH OF HOSPITAL STAY FOR PATIENTS WITH ATRIAL FIBRILLATION**

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OBJECTIVES: Identification of differences in the length of hospital stay for patients with atrial fibrillation (AF) with and without oral anticoagulation (OA). Longer stays of patients could lead to an economical burden for the hospital because of the Diagnosis Related Groups (DRG) system in Germany and the compensation with case-based lump sum. **METHODS:** We conducted a retrospective study using an electronic DRG benchmarking database. This database contains DRG data from 208 hospitals in Germany with over 2,800,000 inpatient cases per year. In total, 10,912,922 cases from the year 2010 to 2012 were analyzed. 661,845 cases fulfilled the inclusion criteria and were analyzed according the statistical analysis plan including matched pair analyses. **RESULTS:** Cases with AF and surgical intervention compared to cases without AF and with surgical intervention have a significantly longer pre-operation length of stay (+0.74 days) and a significantly longer hospital stay (+1.5 days). Furthermore cases with chronic AF (=AF+OA) have a significantly longer total length of stay in the hospital (+0.86 days). For the cases with AF and bleeding vs. cases without bleeding, there is no significant difference in the total length of stay, but there is a significantly longer stay of 0.82 days compared to the average length of stay in the DRG-catalogue. **CONCLUSIONS:** Patients with AF and with or without OA could be an economic burden for the hospital, because the increased length of stay in hospital leads to higher costs whereas the existing compensation diagnosis-based lump sum is not affected by increased treatment days. The new oral anticoagulants could lead to shorter stays of patients with AF by shortening the bridging periods compared to OA like vitamin K antagonists. Further studies should be conducted to figure out the causes for longer hospital stays of patients with AF.

PCV144**ADHERENCE TO WARFARIN TREATMENT IN BRAZIL: SYSTEMATIC REVIEW OF THE LITERATURE**

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